## 121000448693

(Requestor's Name)				
(Address)				
(A	ddress)			
(C	ity/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bi	usiness Entity Nam	e)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to				
	J. HORNE NUV - 1 'MIN'			
	MON - 1 VIII			

Office Use Only



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## **COVER LETTER**

	gistration Section ision of Corporations		
SUBJECT:	KTH Legacy LLC		
		Name of Limited	Liability Company
Dear Sir or	Madam:		
The enclose	d Registered Agent/Registered	l Office Change an	d fee(s) are submitted for filing.
Please retur	n all correspondence concernir	ng this matter to the	e following:
Kristina Woo	odley		
<del></del>	Name of Person		
KTH Legacy	LLC		
	Firm/Company		
207 NW 14th	n Terr		
	Address		<del></del>
CapeCoral, I	FL 33993		
	City/State and Zip Co	de	
KMW123@I	ive.com		
E-mail	address: (to be used for future	annual report noti	fication)
For further i	nformation concerning this ma	ntter, please call:	
Kristy Wood	ley	727 at (	644-8297
·	Name of Person	a. (	Area Code & Daytime Telephone Number
Ma	iling Address:		Street Address:
_	sistration Section		Registration Section
	ision of Corporations		Division of Corporations
	. Box 6327		The Centre of Tallahassee
l all	ahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	losed is a check for the follow	ving amount:	
<b>□</b> \$	25 Filing Fee	■ 5	\$55 Filing Fee & Certified Copy
INHS18 (2/14	4)		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

	ame of the limited liability company:  207 NW 14th Terrace			***	
2. (a)			(b)	207 NW 1	4th Terrace
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Cape Coral			Cape Cora	1
	Florida, 33993			Florida, 33	993
	10/18/2021		i	.210004486	593
	Date of filing/registration in Florida	4.	-		Document number
(a)	Oct. 14, 2021				
` '	Registered Agent and Registered Office shown on the records of	the Flor	ida 1	Dent. of State	_ o:
	United States Corporation Agents, INC			F	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>(SS)</u>	<del></del>	-
	5575 S. Semoran Blvd.				
	Orlando	32822			-
	, FI	32822	_		
o)					20
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	addı	ress:	101 C
	Kristina Woodley		_		20 20 SSE
	NEW Registered Office Address:				
	207 NW 14th Terrace				AH IO
	CapeCoral FI	33993			<u>.</u>
e lin ige ( it wi	mited liability company is not organized under the law or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liar e authorized by an affirmative vote of the members of the organization or the operating agreement of the	vs of the register bility c f the lir limited	red om mite lial	office and pany, it is ed liability bility comp	the business office of the registere hereby confirmed that the change(s
//// gnatui	re of a member or authorized representative of a member	— Kn	Sun	a Woodley	Printed or typed name of signee
reby isioi oblig erely	y accept the appointment as registered agent and agre ns of all statutes relative to the proper and complete gations of my position as registered agent as provided y reflect a change in the registered office address, I h in writing of this change.	ee to ac perform I for in ereby c	t in tand Che conf		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

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1. N	ame of the limited liability company: KTH Legacy LLC	· ·		
2. (a)	207 NW 14th Terrace	(	b) 207 NW	/ 14th Terrace
~· (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Cape Coral		Cape Co	oral
	Florida, 33993		Florida.	33993
	10/18/2021		L2100044	18693
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Oct. 14, 2021			
()	Registered Agent and Registered Office shown on the records of United States Corporation Agents, INC	the Florid	a Dept. of Si	tate:
	Registered Office Address (MUST BE FLORIDA STREET. 5575 S. Semoran Blvd.	4DDRES	2)	<del></del>
	Orlando , FL	32822		<del>-</del>
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:  Kristina Woodley		THE ED AMIO: 25  THE SECRETARY OF STATES  THE SECRETARY SECTION SECTION SECRETARY SECTION SECT	
	NEW Registered Office Address:		<u> </u>	
	207 NW 14th Terrace			
	CapeCoral FL	33993		
change agent was/we he artic Signan	or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the rill of a member or authorized representative of a member of a member or authorized representative of a member of a member of all statutes relative to the proper and complete gations of my position as registered agent as provided	register bility ed f the lin limited Kris ee to act	ed office a ompany, it nited liability costina Wood	and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.  Bey  Printed or typed name of signee  Apacity. I further agree to comply with the sy duties and I am familiar with and accept
le M	gations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ěreby co	onfirm tha	it the limited Tiability company has been

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